MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO. 10/566355 APPLICANT(S) FILING DATE

(FOR USE WITH FORM PTO-875)

ALLEICAN

| CLAIMS | | | | | | | | | | | | | | |
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| | 37 | + | | + | | ← | | TOTAL DEP. | | + | | + | | + |
| TOTAL CLAIMS | 43 | | | | | | | TOTAL CLAIMS | | | | | | |
| PTO - 1360 | (REV. 11/04 |) | | | | | | | | U.S. DEPAR | TMENT of CO | DMMERCE | | |